



Commissioner for Patents  
Washington, DC 20231  
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CONFIRMATION NO. 6530

Bib Data Sheet

|                             |                                   |              |                        |                             |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------|
| SERIAL NUMBER<br>09/692,531 | FILING DATE<br>10/19/2000<br>RULE | CLASS<br>381 | GROUP ART UNIT<br>2644 | ATTORNEY DOCKET NO.<br>2872 |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------|

**APPLICANTS**

Saligrama R. Venkatesh, Jersey City, NJ;  
Alan M. Finn, Hebron, CT;

**\*\* CONTINUING DATA \*\*\*\*\****None***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 12/13/2000**

|  |                        |                      |                    |                         |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>NJ | SHEETS DRAWING<br>28 | TOTAL CLAIMS<br>51 | INDEPENDENT CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Allowance |                        |                      |                    |                         |
| Verified and Acknowledged<br><i>[Signature]</i><br>Examiner's Signature  | <i>[Initials]</i>      |                      |                    |                         |

**ADDRESS**

27377

**TITLE**

Robust and reliable acoustic echo and noise cancellation system for cabin communication

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1588 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|